

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009343

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2682**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 14 1963

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **8 yr 2 mo**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Masonic Home of Mo.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
 a. STATE Mo. _____ b. COUNTY _____ c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) **4130 a Ashland Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Adele Schlegel

4. DATE OF DEATH Month Day Year
March 5, 1963

5. SEX **F** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **8/20/1885** 9. AGE (last birthday) **77** IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Henry Tollée** 13b. MOTHER'S MAIDEN NAME **Mary Newmann** 14. NAME OF HUSBAND OR WIFE **George W. Schlegel**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address **Masonic Home of Mo. Carl J. Stein 5351 Delmar Blvd.**

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Coronary Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **10 MIN**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Influenza** **2 days**
 DUE TO (c) **481x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from **1/8/55** to **3/5/63** and last saw her ^{her} alive on **3/5/63**
 Death occurred at **6:30 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Harold E. Walters M.D.** 22b. ADDRESS **3720 Washington St** 22c. DATE SIGNED **3-5-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **March 8, 1963** 23c. NAME OF CEMETERY OR CREMATORY **Frieden's Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR ADDRESS **CALVIN F. FEUTZ, 4828 Natural Bridge Bl.** 25. DATE RECD. BY LOCAL REG. **MAR 7 1963** 26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert E. Muhleman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.